

PATENT APPLICATION DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/088530

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	31 minus 20 =	11	
INDEPENDENT CLAIMS	1 minus 3 =	—	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

TYPE	OR	SMALL ENTITY	OR	SMALL ENTITY
RATE	OR	RATE	OR	RATE
BASIC FEE		BASIC FEE		890
X\$ 9=		X\$18=		198
X42=		X84=		
+140=		+280=		
TOTAL	OR	TOTAL	OR	

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		21	31	0
Independent	*	1	Minus 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	OR	RATE	OR	RATE
ADDITIONAL FEE		ADDITIONAL FEE		ADDITIONAL FEE
X\$ 9=		X\$18=		
X42=		X84=		
+140=		+280=		
TOTAL ADDT. FEE	OR	TOTAL ADDT. FEE	OR	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	28	Minus 31	= 0
Independent	*	1	Minus 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=				
X42=		X84=				
+140=		+280=				
TOTAL ADDT. FEE	OR	TOTAL ADDT. FEE	OR			

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	**	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=				
X42=		X84=				
+140=		+280=				
TOTAL ADDT. FEE	OR	TOTAL ADDT. FEE	OR			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
703-555-5443

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)				SERIAL NO. 10/088530	FILING DATE
				APPLICANT(S)	
				CLAIMS	
	AS FILED	AFTER 1st AMENDMENT	AFTER 2nd AMENDMENT		
1				61	
2				62	
3				63	
4				64	
5				65	
6				66	
7				67	
8				68	
9				69	
10				70	
11				71	
12				72	
13				73	
14				74	
15				75	
16				76	
17				77	
18				78	
19				79	
20				80	
21				81	
22				82	
23				83	
24				84	
25				85	
26				86	
27				87	
28				88	
29				89	
30				90	
31				91	
32				92	
33				93	
34				94	
35				95	
36				96	
37				97	
38				98	
39				99	
40				100	
41				TOTAL IND.	
42				TOTAL DEP.	
43				TOTAL CLAIMS	
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

TO-1360 (3-76)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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